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THE IMPACT OF PHYSICAL TOUCH ON PROFESSIONAL DEVELOPMENT

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A couple of years ago, I was pursuing my search for malpractice insurance coverage that would be both comprehensive and cost-effective. I had received an advertisement from a company promising comparable coverage to the policy sponsored by the American Psychological Association (APA), but at a much less costly premium. When I received the application, the basic coverage was in fact offered at a significantly reduced premium. However, the application form also included a series of questions about whether I engaged in such areas of practice as sex therapy, body work, and hypnosis. Affirmative answers to any of these questions increased the premiums significantly. Since I do incorporate body work in my practice, and occasionally hypnosis as well, not only was I not going to save any money with this company; my premiums would have been even higher. What was clear was that a therapist who did body work with (in other words, physically touched) a client was considered a much higher risk to insure than one who practiced in more traditional ways. Clearly, this company had concluded that therapists who chose to touch clients had a greater likelihood of being sued than others.

I was aware of both understanding the insurance company's position and feeling somewhat sad. My experience with body work as

a client has never brought me close to being treated in an unethical manner. Nor in my work as a practicing therapist have I gone beyond the bounds of ethical treatment with my clients. For me, the experience of touch has been powerful. Indeed, in this era emphasizing shorter-term therapy, I've seen the effects of touch facilitate the working through of material that, in more traditional approaches, would have taken far longer to accomplish. What can be concluded, however, is that the use of touch in the therapeutic process is considered risky and controversial. How an awareness of this risk and controversy has had an impact on me in my practice is one of the areas I discuss in this chapter.

MY TRAINING AS A PSYCHOTHERAPIST

After receiving my master's degree in school psychology and completing my internship, I decided to transfer to the Division of Individual and Family Studies in the College of Human Development at Penn State University. In 1972, I began studying with Bernard and Louise Guerney, who were professors in the College of Human Development. They had developed a series of therapeutic interventions based upon an educational model. That spring, a number of graduate students in the department, including me, had a brief experience with Gestalt therapy. The experience was so exciting and so unlike anything that I had been exposed to up to that point that a group of us contacted a professor in the psychology department whom we had heard was a Gestalt therapist and arranged a weekend Gestalt experience. That time of my life was a painful one, because I had separated about 2 months earlier from my first wife and my then 8-month-old son. During the weekend I volunteered to work, and the facilitator had me engage in dialogue with my son about the separation and my leaving him. I experienced a rush of intense grief. While I was sobbing, the facilitator came over and asked me to turn over on my back. He placed his hand on my chest and gently rubbed the area over my heart. I was astounded at how comforting that felt. When I completed the experience, I was surprised at my relief. I felt more resolution in that 20-minute piece of work than I had experienced in the 2 months of therapy I had been in up to that point. Although the weekend wasn't set up to be a training experience per se, it was my first in-depth exposure to Gestalt therapy, and it affected me profoundly. I was in a dilemma, however: This approach was significantly different from the relationship enhancement (RE) approach developed by the Guerneys. Although RE was a powerful educational tool, it was essentially cognitive in nature because of its

skill training and homework requirements. As a result, it didn't permit the recognition and working through of powerful complexes that might interfere with the development of meaningful and satisfying relationships. Gestalt, on the other hand, tapped into deep and heartfelt emotions in a relatively brief period of time and provided a structure for that working through. Since I was a young graduate student, I hadn't yet learned the simple resolution to the dilemma: Both were viable approaches. Perhaps even more importantly, I began, even then, to think of ways in which certain Gestalt therapy skills (deepening awareness, dialoguing) might be taught to clients for use on their own.

I continued to feel very positive about the Gestalt approach. But over the next several years, I began to hear rumors about Fritz Perls's blind spots in his work with clients. I also had an unsettling experience involving a colleague at Elmira College (where I was now directing the counseling center). The colleague, in my opinion, had caused some relatively minor damage to students by allowing seniors who had participated in a Gestalt retreat to conduct unsupervised Gestalt therapy with younger students. This left the practitioners extremely uneasy, and they had come to me with their concerns. I was able to confront the colleague, and the practice quickly ceased. As a result, though I was still impressed with the power of the approach, I had become somewhat less naive about the fact that this approach, like any other, could be misapplied. Yet I was so impressed with a Gestalt seminar I attended that I decided to enroll in a year-long training experience in existential–Gestalt therapy, beginning in January 1981. Since this experience was so literally life-changing, I would like to describe it in some detail.

The experience of touch was a primary factor in the training process and was highly significant. I experienced it in many ways during the Gestalt training. First, it was built into several facets of the training itself. It was there that I received my first exposure to Edward Smith's (1979) writing on the "contact–withdrawal cycle" and its relevance to working with the body in psychotherapy, of which I will say much more later. Second, the trainer, a gifted Gestalt therapist, demonstrated the use of ethical touch in the therapeutic process, and I was privileged to be a witness to some transforming experiences. Third, over a period of a year of intense work, the group members developed a cohesiveness that allowed for playful physical interaction with each other. However, I cannot say that the training was valuable for every participant; it wasn't. In many ways, this first training group was similar to the life phase of adolescence. Participants were exposed to new skills and experimented with stretching their boundaries, as often occurs during adolescence. In the process of stretching these boundaries through

touch, there was, on occasion, some unconscious acting out. Specifically, a couple of group members initiated relationships with others. Although these relationships were not kept secret, my sense was that not all parties involved were always fully aware of the possible impact on the group. As a result, much time was spent in the group processing the impact of these relationships, and this took time away from the training. And, like many adolescents, a few group members experienced some pain as a result. Yet, as in successful adolescence, the majority of participants learned important life (career) skills, which time and further training would help mature.

Several of the participants in this first group went on to continue more advanced training in further groups; in fact, a training group continues to this day, with a core of the original participants (myself included). We have also participated in a series of body workshops that have been among the most powerful training experiences I've received. These workshops began in 1990 and have occurred yearly since then. I've been fortunate enough to participate in all except one. They take place at a rustic lodge, and each lasts for 5 days. The majority of trainees have been seasoned licensed psychotherapists, and a few have been graduate students in psychology. The theory and practice derive from Edward Smith's book *The Body in Psychotherapy* (1985), and the underlying therapeutic principle is the "contact–withdrawal cycle" first described by Smith in 1979. I want to describe the cycle briefly, because it is the key to understanding both the nature and the power of the training experiences.

The contact–withdrawal cycle is a theoretical construct that describes the natural evolution of a need state beginning with one's awareness of a "want" and moving through a series of steps into appropriate expression of this want, leading to eventual satisfaction. In the best of all possible worlds (a supportive and accepting environment), an individual moves through these steps unhindered, with guidance regarding appropriate ways to satisfy the needs as they move into awareness. Unfortunately, most of us don't live in the best of all possible worlds; virtually all of us experience some degree of prohibition against awareness or expression, which we internalize partially or fully to prevent our need satisfaction. These prohibitions or rules against being fully aware and alive are called "toxic introjects" and are usually communicated to us by significant figures in our lives, such as parents, teachers, or representatives of churches/synagogues. These negative rules have two components: the particular content of prohibition ("Big boys don't cry," "Nice girls shouldn't get angry"), and the overt or implied threat of withdrawal of love from the significant figure. Because the threat of abandonment by this figure is so anxiety-

arousing, the individual internalizes the negative message and eventually comes to believe that the negative message is true. As a result, the individual enacts a number of cognitive and physiological defenses against knowing the truth of his or her experience. These defenses include inhibited breathing to blocked awareness of the total feeling experience, and at times a retroflection (turning back upon the self) of action or interaction to prevent full expression of the want or need.

With chronic enactment of these defenses, muscular tension can develop. As an example, I worked with a woman whose presenting symptoms were chronic hip and leg spasms. At the first visit her legs were crossed, and one leg kept moving spasmodically in a kicking or thrusting motion. I encouraged her to breathe deeply, and she began recovering memories of childhood sexual abuse. She remembered being given to men by her mother for sexual satisfaction. The leg thrusts, when given full expression, were her way of trying to fend off the attacks by the men. Over time, she had retroflected the action into chronic spasms. Another example–perhaps one that is more familiar to the reader–is the experience of holding back tears. In order not to cry, a person usually engages in a diminishment of breath, a tightening of the throat muscles, and perhaps excessive swallowing. It takes great effort not to express that which is natural to express. This effort, if made repeatedly, will eventually produce chronic muscle tension in the throat and chest, which almost automatically kicks in whenever a sad experience begins to move into awareness. Over time, the body may begin to respond in this characteristic way without the cognitive awareness of the triggering event from the past or the present. The process by which a person internalizes a toxic introject also provides a way to increase awareness and undo its effects. In other words, sometimes the most efficient way to access the content of the toxic introject is to attend to the ways in which the body characteristically reacts to keep the individual from moving through the contact–withdrawal cycle. As a result of that attention, a therapist may be able to guide a client, with body work, through the contact–withdrawal cycle and into eventual completion or satisfaction.

Training in this type of work is very intense and often leads to explosions of grief, rage, and profound sadness. One cannot be a witness to such work without being deeply affected. The training also occurs in a group, which creates an almost synergistic effect, further intensifying the emotional experience of any one participant. Many of the participants have been together since 1990, and all have done significant personal work either with the workshop leader or with other members. The trust that has thus been established further facilitates and deepens the training effects. Because all participants stay together

in a retreat setting, sharing meals and free time, there is more opportunity to contact each other and to allow awareness and appropriate expression to move. Finally, most of the participants are seasoned therapists with a level of experience and maturity that more readily allows for assimilation and integration.

Each day of the training begins with breakfast at 8:00. There are two work sessions, from 9:00 to noon and from 2:00 to 5:00. During these work sessions, the leader usually does a bit of lecturing and then demonstrates a particular technique with a volunteer. As the 5 days pass, participants usually have an opportunity to do some therapy with other volunteers, and to receive feedback from the leader and the rest of the group. As stated above, the work is often so intense that frequent breaks are necessary to allow individuals the time to withdraw and assimilate their experience. There is usually one formal evening session, with the rest of the evenings left for participants to attend to themselves and each other in ways that allow for movement through both individual and group contact–withdrawal cycles. Often there is a quiet evening; there is usually an evening that moves into music and dancing; and, almost always, joy and humor abound. In short, participants live the contact–withdrawal cycle in as supportive an environment as can be imagined.

I have noted that my earlier, year-long training experience in existential–Gestalt therapy resulted in some inappropriate boundary stretching, and I have likened that group to the developmental phase of adolescence. This experience is quite different, primarily due to the maturity and experience of the participants. In this training, boundaries are stretched but never violated. People are extremely clear about what is acceptable, and they exercise appropriate judgment and restraint while remaining true to the contact and withdrawal. Much affection is felt and expressed, but never inappropriately. It is a joy to experience. Being fully alive with people who maintain integrity in a safe and supportive environment is extraordinarily liberating and allows for the kind of experiential learning that cannot easily be obtained in any classroom situation.

MY PRACTICE OF PSYCHOTHERAPY

An article in the *APA Monitor* (DeAngelis & Mwakalyelye, 1995) described research demonstrating that infants who were regularly massaged and otherwise stroked were healthier and thrived better than those who hadn't received equivalent physical contact. Perhaps even more relevant, mothers who received massage were less depressed and

anxious than those who received just relaxation training. I recall from my introductory psychology course that Spitz (1945) reported similar findings for orphaned infants many years ago. In addition, the appropriateness of having physical contact with a child while conducting nondirective play therapy is not often questioned. Why, then, is touch such a controversial issue in doing therapy with adults? Clearly, there are unprofessional and unethical therapists, but why throw the baby out with the bathwater?

Part of the reason, I suspect, has to do with a cultural toxic introject. I imagine the introject goes something like this: "Once you reach a certain age [say, about 18], you should be strong or tough enough to deal with most issues without needing to be held or otherwise to have physical support. If you need to have that type of support, you are weak, and if a therapist provides that support, he or she is probably acting out some sexual need that is out of his or her awareness." I believe this introject affects both clients and therapists, and it has certainly had an impact on how I incorporate touch in my practice.

In my work with individuals, I have incorporated body work and therapeutic touch, but only after certain criteria are met. First, the relationship has to be a fairly trusting one; thus, several sessions must have occurred in which a client feels safe and comfortable with me. I rarely, if ever, attempt body work in the first few sessions. Second, I never touch a client in any way without first asking for his or her permission. I almost always engage in a piece of didactic work explaining the contact–withdrawal cycle and describing how we can all develop "character armor" from repeatedly repressing components of either the awareness or expression ends of the cycle. Third, my preference is always to begin with the less intrusive techniques before I engage in the more hands-on strategies. The first strategy I employ does not involve direct touching, but is characterized by verbal instructions regarding the body. These may include suggestions to deepen the breathing, to shift the body position, or to become aware of tension in particular muscles and to relax those areas of the body. An example is a woman I worked with years ago who came into a session as tight as a drum. She sat on the couch, with her knees drawn up to her chest and her breathing very shallow and rapid. I instructed her to stretch out and deepen her breathing. As she did so, she immediately moved into rather deep sobbing and began reporting a very painful memory from childhood. Another example is any client who, when beginning to experience sadness, unconsciously tenses the muscles of the throat and chest and who inhibits the breathing.

Often, an instruction to deepen breathing and relax areas of

muscular tension is sufficient to evoke the suppressed affect. If more work is required, I then opt for what Smith (1985) describes as "soft" techniques. These include light touch or placing the client's body in various postures that have specific meaning. Only if the suggestions and the "soft" techniques fail to lead to full awareness or expression will I resort to "hard" techniques, in which I employ deep pressure to release muscular tension. Finally, after any body work, I encourage the client to express all feelings and reactions that result from the work. I also encourage the client to ask any questions (both before and after the work) that may be necessary for his or her satisfaction. Throughout the work, I am always striving to be aware of whose needs are being served by the intervention. Any intervention should be in the service first of facilitating movement through the contact–withdrawal cycle, and second of providing the client with nurturing compassion expressed through physical contact.

Having said all of this, I must note that I personally find myself more comfortable doing body work in a group therapy setting. As I mentioned earlier, a group often has a synergistic effect, which allows for deeper awareness and experiencing at a faster pace than might be possible during individual work. Also, I find myself feeling more insulated from misunderstanding and misperception in a group setting. After all, there are many more corroborating observers, compared to an individual session. Currently, my partner and I are cofacilitating a men's therapy group that meets for 2 hours every other week. In addition, the participants (eight men ranging in age from 30 to 55) and facilitators attend two retreats a year that last 1½ days each; one of these occurs near the beginning of the group's meetings for the year, and one near the end. This group has been in continuous existence for 7 years, with two of the men having been in attendance from the beginning. Typically, from year to year, about half the people choose to continue and half are new members. During the first retreat we present the contact–withdrawal model, with particular emphasis placed upon the role and function of toxic introjects. During this first session, also, profound work usually occurs in which my partner and/or I use both "soft" body techniques and interventions that require more hands-on work. The men become very willing to participate by offering physical support for each other. Virtually all choose to work on some issue, and, almost without exception, deep transformational experiences occur. During the second retreat, usually 7 or 8 months after the first retreat and after 14 to 16 group sessions, the men have grown even more comfortable with each other and with the facilitators. As a result of the safety they have experienced, they often choose to work on even deeper personal issues than they were willing to explore during

the first retreat. The second retreat provides closure for the year, and plans are made for the following year.

My continuing struggle both personally and professionally is to find ethical ways of incorporating touch in my practice, to feel safe as I do so, and to combat so many of the personal and cultural toxic introjects that make all our lives less alive and ultimately less fulfilling.

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